REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 422 Registrar's No. 59  1. PLACE OF DEATH a. COUNTY Saline  b. CITY (If outside corpurate limits, write RURAL and give township)  CR TOWN Miami  c. FULL NAME OF (If not in hospital or institution, give etrect address or location)  HOSPITAL OR INSTITUTION Street not numbered  3. NAME OF DECEASED  (Type or Print)  NAOMI  Female / White Married  REG. DIST. NO. 323  PRIMARY REG. DIST. NO. 4212  Registrar's No. 59  2. USUAL RESIDENCE (Where deceased lived. If institution: raidence before a STATE MISSOURI  C. CITY (If outside corporate limits, write RURAL and give township)  C. CITY (If outside corporate limits, write RURAL and give township)  OR TOWN Miami  d. STREET ADDRESS  Street not numbered  3. NAME OF S. (First)  DECEASED  (Type or Print)  NAOMI  Female / White Married  7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  NAORI 1950  B. DATE OF BIRTH AUG. 14, 1871  9. AGE (In years) W DECR I TAN HOUSE MISSOURI House Miss. Miss. Days Miss. Days Miss. Days Miss. Days Miss. Miss	ALED JAN 8 1951	STANDARD CERTIF	CATE OF DEATH	State File No	43270
1. PLACE OF DEATH 2. COUNTY Saline  D. CTY (If controls comparise limits, write RURAL and give COUNTY Saline of Part Rural Saline of Pa		_ REG. DIST. NO. 322	PRIMARY REG. DIST. NO.4		
D. CITY (If contrible companies limits, write RURAL and give corresponding to the contribution of the cont			2. USUAL RESIDENCE	Where deceased lived. If in-	rtitution: residence before
b. CITY (II createds components litaria, write RURAL and give normality)  OR NAME OF (II and its hospital or insultratifies, give stress address or incentage)  OR FULL MANE OF (III and its hospital or insultratifies, give stress address or incentage)  INSTITUTION  Street not numbered  OR STREET (II runs), give location)  Street not numbered  Street not numbered  OR OR MI ami  OR STREET (III runs), give location)  Street not numbered  OR OR OR OR RACE (IV) (Month)  OR DECEASED  Na OMI  SEX ( 6. COLDR OR RACE (IV) (Month)  White (IV) (Month)  Na USUAL COCUPATION (Cheshabid of each growth for the street of location of growth file of the street of growth for the stre	a. COUNTY Saline	i i	a STATE Missouri	b. COUNTY SE	aline /97/
TOWN Miami  G. FULL NAME OF (If not is broughtal or inastinution, sire street badders or toestion)  G. FULL NAME OF (If not is broughtal or inastinution, sire street badders or toestion)  G. STREET ADDRESS  S. FLOOR OR RACE  (First)  D. AMANG OF DECEASED  (April Principle Control Name  C. (First)  D. AMANG OF DECEASED  (April Name  C. (First)  D. AMANG OF DECEASED  (April Name  C. (First)  D. AMANG OF DEATH  S. SEX  S. COLOR OR RACE  T. MARRIED, NEVER MARRIED,  Married Death  Married Death  D. DATT OF BISTIN  S. DATE OF BISTIN  M. BALL  M. B. DATE OF BISTIN  M. BALL  M. B. DATE OF BISTIN  M. BALL  M. B. DATE OF BISTIN S. OF IN.  H. BISTIPLACE (Insus or treats consulty)  M. B. SOUTH OF BUSINESS OF IN.  H. BISTIPLACE (Insus or treats consulty)  M. B. SOUTH OF MARRIED,  M. B. DATE OF BISTINESS OF IN.  M. B. SOUTH OF BUSINESS OF IN.  M. B. CALSE OF DEATH  B. CALSE OF DEATH  C. MARRIED, NOTHER'S MAIDEN NAME  S. WAS DECEASED EVER IN U.S. ARMED FORCES?  N. DOTTER'S MAIDEN NAME  S. WAS DECEASED EVER IN U.S. ARMED FORCES?  N. DOTTER'S MAIDEN NAME  S. WAS DECEASED EVER IN U.S. ARMED FORCES?  N. DOTTER'S MAIDEN NAME  S. CALSE OF DEATH  B. CALSE OF DEATH  C. LINE OF DEATH  C. LINE OF DEATH  M. DECEASED	b. CITY (If outside corporate limits, write E	URAL and give c. LENGTH OF	c. CITY (If outside corporate limi	ts, write RURAL and give town	
NOTITITION Street not numbered ADRESS Street not numbered 3. NAME OF DECRASED a. (Pint) b. (Middel) C. (Last) DECRASED a. (Pint) b. (Middel) C. (Last) DECRASED NAME OF DECRASED NAME OF THE DECRASED				· · · · · · · · · · · · · · · · · · ·	
3. NAME OF DECRASED NEAD 1. (First) NONE DECRASED NEAD 1. (First) NONE DECRASED NEAD 1. (First)	HUSPITAL OR		ADDRESS		4
The continue of the continue o	3. NAME OF B. (First)	<del></del>		7	
5. SEX   6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. WillOWED. DIVORCED Objected of County (NOTED Objected or Section 2)   1. Married   1. Married	DECEASED		Milliana	^F '	
Female / White On. USUAL OCCUPATION ((Iwa kind of way) On. In In BIRTHPLACE ((Biasa or foreign nomentry) ON. In BIRTHPLACE ((Biasa or foreign nomentr					
ADDRESS OF DEATH Inter only one cause per men or factor of the above cause for the fine only one outside on the men of define on which caused death.  DIATE OF OPERATION  B. ACCIDENT SULPRY SIGNATURE  ACCIDENT SIGNATURE  ACCIDENT SULPRY SIGNATURE  ACCIDENT SIGNATURE  ACCIDENT SULPRY SIGNATURE  ACCIDENT SIGNAT	Female / White	WIDOWED, DIVORCED (Spealty) Married	Aug. 14,1871	last birthday) Months 4	Days   Hours   Min.
13b. MOTHER'S MAIDEN NAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   15. NAME DECEASED EVER IN U. S. ARMED FORCES?	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign	eountry)	12. CITIZEN OF WHAT
JOHN V. Craves   Roxy Ann Singleton   John Lewis Williams    5. WAS DECEASED EVER IN U.S. ARMED FORCES!   16. SOCIAL SECURITY    None   Williams   Williams   Williams    6. CAUSE OF DEATH    6. CAUS			<u>Mi</u>	ssouri O	U.S.A.
S. CAUSE OF DEATH inter only one counts of survive by a road and s		1			
NO. Claude Williams, Miami, Mo. 1  S. CAUSE OF DEATH Site only one cause per limite for (a), (b), and (c)  This does not mean he mode of dring, such when the form is, (b), and (c)  This does not mean he mode of dring, such when the form is, (b), and (c)  This does not mean he mode of dring, such when the form is the discussion which caused death.  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditions, if any, giving DUE TO (c) Involvational Information Conditional In			ngleton Joh	n Lewis Will	liams
B. CAUSE OF DEATH Enter only one source per meter only one source possession on the date stated above.  An entering one of the source per meters on the source per meter only one source possession on the date stated above.  An entering one of the source per meters on the source per mete	5. WAS DECEASED EVER IN U.S. ARMED You ag or unknown) (If you, give war or dates	of service) NO.	= =		
ID DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)  **This does not meen he mode of dring, such a heart fallure, athenia, it can be about fallure, athenia,	8. CAUSE OF DEATH			D MILLIAIL WA	INTERVAL BETWEEN
This does not mean he mode of dying, such a heart fallure, asthenia, it is to the above cause (a) stating the underlying cause tast.  DUE TO (c) Author Clureages  II. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CONDIT	Enter only one cause per   I. DISEASE OR C	ONDITION ON THE CONTRACT OF TH	tive Heart	acture	ONSET AND DEATH
The to the door cause (a) marring the dist.  The underlying cause last.  DUE TO (c) Authors Claysocial the underlying cause or condition causing death.  DUE TO (c) Authors Claysocial the underlying cause or condition causing death.  DUE TO (c) Authors Claysocial the underlying cause or condition causing death.  DUE TO (c) Authors Claysocial the underlying cause or condition causing death.  DUE TO (c) Authors Claysocial the underlying cause or condition causing death.  DUE TO (c) Authors Claysocial the underlying cause or condition causing death.  DUE TO (c) Authors Claysocial the underlying cause or condition causing death.  DUE TO (c) Authors Claysocial the underlying cause death.  DUE TO (c) Authors Claysocial the underlying cause death.  DUE TO (c) Authors Claysocial the underlying cause death.  DUE TO (c) Authors	*This does not mean ANTECEDENT Co	AUSES 6	reardial but	crotion	2 Years
DUE TO (c) CANADORESS  DO (COUNTY)  DUE TO (c) CANADORESS  DUE TO (c) COUNTY)  DUE TO (c) COUNTY  DUE	as heart failure, asthenia, The to the above of	use last.		<del></del>	about
Conditions contributing to the death but not related to the disease or condition causing death.  9a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO PASS NO	ase, injury, or complica-		MOTE Elections		20 Terr
TION  18. ACCIDENT (Specify) 19. PLACE OF INJURY (e.g., to or about SUICIDE Home, farm, factory, street, office bidg., eve.)  10. TIME (Month) (Day) (Year) (Hour) 11. INJURY 12. I hereby certify that I attended the deceased from 1. Injury occurred at 1. Am., from the causes and on the date stated above.  22. I hereby certify that I attended the deceased from 1. Injury occurred at 1. Am., from the causes and on the date stated above.  32. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 12-29-195  48. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  ATE RECT BY LOCAL REGISTRAR'S SIGNATURE 34c. NAME OF CEMETERY OR CREMATORY 35 SIGNATURE 36c. Am. FUNERAL DIRECTOR'S SIGNATURE 36c. Am. PAVS hell 170.	Conditions contri	nuling to the death but not			420/
Pie. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (s.g., in or about Homicide Homicide (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR	9a. DATE OF OPERA- 19b. MAJOR FIN	DINGS OF OPERATION	· · · · · · · · · · · · · · · · · · ·		20. AUTOPSY?
HOMICIDE  Id. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   10f. How DID INJURY OCCUR?  INJURY   WHILE AT   NOT WHILE   NOT WHILE    2. I hereby certify that I attended the deceased from		· ·			YES NO E
WHILE AT WORK	ia. ACCIDENT (Specify) SUICIDE HOMICIDE		21c. (CITY, TOWN, OR TOWNSHI	P) (COUNTY),	(STATE)
2. I hereby certify that I attended the deceased from		Hour)   21a. INJURY OCCURRED	MIT. HOW DID INJURY OCCURT		
2. I hereby certify that I attended the deceased from	OF INJURY	MHILEAT NOT WHILE	<b>\</b> '.		
alive on 12-1 M, 1951, and that death occurred at 1 Mm., from the causes and on the date stated above.  3a. SIGNATURE  (Degree or title)  23b. ADDRESS  24c. DATE SIGNED  (Degree or title)  23b. ADDRESS  (Degree or title)	<del></del>	1 WORK CO AT WORK CO	1030 1012-10	10.50 that I las	of east the december
As. SIGNATURE  (Degree or title)  As. SIGNATURE  (Degree or title)  (D					
As. BURIAL, CREMA- CION, REMOVAL (Specific) BURIAL  Dec. 29 1950 Miami cametery  Miami, Missouri  DATE RECO BY LOCAL  REGISTRAR'S SIGNATURE  MIAMI PROPER  MIAMI MISSOURI  ADDRESS  MIAMI CAMPBE  MIAMI MISSOURI  ADDRESS  MIAMI CAMPBE  MIAMI MISSOURI  ADDRESS  MIAMI MISSOURI  ADDRESS  MIAMI MISSOURI  ADDRESS  MIAMI MISSOURI  MIAMI MISSOURI  ADDRESS  MIAMI MISSOURI  MIAMI MISSOURI  MIAMI MISSOURI  ADDRESS  MIAMI MISSOURI  MIAMI MIAMI MISSOURI  MIAMI MISSOURI  MIAMI MISSOURI  MIAMI MIAMI MISSOURI  MIAMI MIAMI MIAMI MISSOURI  MIAMI MI			<del></del>	on the true state	
Aa. BURIAL. CREMA- JOAN REMOVAL (Spinitry)  Dec. 29. 1950 Miami cametery Miami Missouri  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  ABORESS  M. Carl C. McZo (Amphell-Lewis Mays API) Mo.	100 10110	A. M. M.	miami.	m o.	1
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2012 FUMERAL DIRECTOR'S SIGNATURE ADDRESS  (2/5/ REG. M. Larl C. McZO(Ampbe) - Lewis MAVS hall, Mo.		240 NAME OF CEMETER	Y OR CREMATORY   244 LOCA	ATION (City, town, or cont	<del></del>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  1/2/5/ REG. M. Carl C. Milyo (Amphell-Lewis MAVS hall, Mo.	Burial Dec. 29			mi. Missouri	! 
1/2/5/ Mu, Carl C. MCZ/OCAMpbell-Lewis 1/AVShA11, 170.	DATE REC'D BY LOCAL REGISTRAR'S		FUNERAL DIRECTOR'S	SI CHATURE A	
(Licensed Embanner's Statement on Reverse Side)	1/2/5/ mil	arl C. Melyol	RMpbell-Leu	JIS MAYS HA	11, 170.
		(Licensed Embelmer's S	tatement dn Reverse Side)		

DISTRICT HEALTH OFFICE District File Number 

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or

working under my personal supervision.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.